## **PATENT APPLICATION FEE DETERMINATION RECORD**

Effective October 1, 2000

Application or Docket Number

4239-55207

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |              |                      |                                 |                  |   | SMALL ENTITY TYPE   |                        | OR      | OTHER THAN OR SMALL ENTITY |                        |
|---|--|---|--------------|----------------------|---------------------------------|------------------|---|---------------------|------------------------|---------|----------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 31           |                      |                                 |                  |   | RATE                | FEE                    |         | RATE                       | FEE                    |
| FO  | R  |   | NUMBER FILED |                      | NUMBER EXTRA                    |                  |   | BASIC FEE           | 355.00                 | OR      | BASIC FEE                  | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | 3) minus 20= |                      | * 11                            |                  |   | X\$ 9=              |                        | OR      | X\$18=                     | 193                    |
| IND   | EPENDENT CL                                    | AIMS                                      | minus 3 =    |                      | 2                               |                  |   | X40=                |                        | OR      | X80=                       | 160                    |
| MU  | LTIPLE DEPEN                                   | DENT CLAIM PI                             | RESENT       |                      |                                 |                  |   | +135=               |                        | OR      | +270=                      | ( 0 0                  |
| * If the difference in column 1 is less than zero, enter "0"  |  |   |              |                      |                                 | olumn 2          | Į | TOTAL               |                        | OR      | TOTAL                      | 1062                   |
|   | C  | - PAR                                     | TII          |                      |                                 | 101/12           |   | 0                   | OTHER                  |         |                            |                        |
|   | O.   | (Column 1)                                | MILITULU     | (Colu                |                                 |                  |   | SMALL ENTITY        |                        | OR      | SMALL E                    |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | PREVI                | IBER                            | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                   |                                 | =                |   | X\$ 9=              |                        | OR      | X\$18=                     |                        |
|   | Independent                                    | •   | Minus        | ***                  |                                 | =                |   | X40=                | -                      | OR      | X80=                       |                        |
| Ľ.  | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEP  | ENDEN                | TCLAIM                          |                  | j | +135=               |                        | OR      | +270=                      |                        |
| TO-   |  |   |              |                      |                                 |                  |   |                     |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                      |                                 |                  |   | ADDIT. FEE          |                        |         | AUDIT, FEET                |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGI<br>NUN<br>PREVI | HEST<br>MBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                   |                                 | =                |   | X\$ 9=              |                        | OR      | X\$18=                     |                        |
|   | Independent                                    | *   | Minus        | ***                  | T CL AINA                       | =                |   | X40=                |                        | OR      | X80=                       |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                      |                                 |                  |   |                     |                        | OR      | +270=                      |                        |
|   |  |   |              |                      |                                 |                  | ١ | TOTAL<br>ADDIT. FEE |                        | OR      | TOTAL<br>ADDIT. FEE        |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |              |                      |                                 |                  |   |                     |                        |         |                            |                        |
| AMENDMENT C   | •  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | NUN<br>PREV          | HEST<br>MBER<br>IOUSLY<br>) FOR | PRESENT<br>EXTRA |   | RATE                | ADDI-<br>TIONAL<br>FEE |         | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                   |                                 | ]=               |   | X\$ 9=              | :                      | OR      | X\$18=                     |                        |
|   | Independent                                    | *   | Minus        | ***                  |                                 | =                |   | X40=                |                        |         | X80=                       |                        |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                      |                                 |                  |   | 71,0-               |                        | OR      | -                          | <del> </del>           |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.   |  |   |              |                      |                                 |                  |   |                     |                        | OR      | +270=                      |                        |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |              |                      |                                 |                  |   |                     |                        |         | TOTAL<br>ADDIT. FEE        |                        |
|   |  | nher Previously Pa                        |              |                      |                                 |                  |   | und in the an       | oropriate bo           | x in co | olumn 1.                   |                        |